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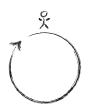
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The National Survey of Children's Health



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville MD 20857

Dear Colleagues:

The Health Resources and Services Administration is pleased to present this chartbook highlighting the major findings of the National Survey of Children's Health. This survey, the first of its kind, presents National- and State-level information on the health and well-being of children as well as contextual information about their families and communities.

The survey includes many positive findings about our Nation's children. Overall, 84.1 percent of children are reported to be in excellent or very good health, 91.2 percent have health insurance, and 77.8 percent receive an annual preventive health care checkup. Many aspects of children's home and family environment support their health and development as well: parents report that 83 percent of school-aged children read for pleasure on a typical day, and more than two-thirds of children (70.5 percent) live in households where no one smokes. Most parents express confidence in their communities as well: according to their parents, 81.4 percent of children live in neighborhoods that are supportive of them, 83.8 percent are safe in their neighborhood, and 88.4 percent are safe at school.

The survey also highlights areas where room remains for improvement. While most children receive an annual preventive physical health visit, for example, fewer receive an annual dental checkup. In addition, the survey highlights those populations of children who are particularly vulnerable to health risks, such as children in low-income families, children without health insurance, and children with special health care needs.

We at HRSA hope that these findings provide a new perspective on children's health and well-being and provide a useful guidepost in your efforts to address child health issues.

Sincerely,

Administrator



Introduction

While many data sources exist to measure the health of children in the United States, few take into account the many contexts in which children grow and develop, including their family and community environments. The National Survey of Children's Health, conducted for the first time in 2003, addresses multiple aspects of children's health and well-being—including physical and mental health, health care, and social well-being—as well as aspects of the family and the neighborhood that can affect children's health. on both the National and State levels. The survey was supported and developed by the U.S. Maternal and Child Health Bureau of the Health Resources and Services Administration and conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention.

The survey found that, in general, children in the United States are in good health and grow up in healthy environments. Overall, 84.1 percent of children are reported to be in excellent or very good health, 91.2 percent have health insurance, and 77.8 percent receive an annual preventive health care checkup. Most parents are satisfied with their children's health care as well; 65.6 percent of children have a personal doctor or nurse who communicates clearly with them and is sensitive to their culture, according to their parents.

Many aspects of children's home and family environment support their health and development. Eighty-three percent of school-aged children read for pleasure on a typical day, a habit that can improve their school performance and support their intellectual development. More than two-thirds of children (70.5 percent) live in

households where no one smokes, and the parents of 92.0 percent of children do not report usually or always feeling aggravation from their parenting roles.

Most parents express confidence in their communities as well: 81.4 percent of children live in neighborhoods that their parents find to be supportive of them, the parents of 83.8 percent feel that their children are safe in their neighborhood, and parents of 88.4 percent report that their children are safe at school. These statistics represent good news about children's prospects for healthy development.

Just as children's family environments influence their health, children's health can affect the well-being of the family. The needs of children who have asthma or other special health care needs, including emotional and behavioral problems, can place demands on their families due to the time and expense required for their care. The families of 16.3 percent of children with asthma are affected a great deal or a medium amount by the child's condition. The families of 28 percent of children who experience socioemotional difficulties are moderately or greatly affected by these difficulties.

The survey also shows areas of children's health and health care where room remains for improvement. While a large majority of children receive annual preventive health care visits, fewer receive both annual preventive medical and dental care; only 58.8 percent of children received both types of preventive care in the past year. In addition, many children with developmental, behavioral or emotional conditions need mental health services, but only 58.7 percent of these children receive any mental health services, according to their parents.

Another measure of children's access to appropriate health care is whether or not they have a "medical home," a regular source of medical care that meets the standards of accessibility, continuousness, comprehensiveness, coordination, compassion, and cultural sensitivity. The parents of fewer than half of children (46.1 percent) report that their children's care meets this standard.

While children's family environments appear to support children's development, some parents may not be able to offer an environment that provides maximum stimulation for young children. For example, of children under age 6, fewer than half (47.8 percent) are read to every day by a parent or other caregiver.

Some groups of children are at higher risk of health problems and barriers to access to health care as well. Children in low-income families are less likely to be in excellent or very good health, miss more days of school due to illness, and are more likely to have moderate or severe emotional or behavioral problems than children in higher-income families. Low-income children are less likely to be read to daily, more likely to live in households where someone smokes, and more likely to live in neighborhoods that do not feel safe or supportive, and their parents are more likely to report parenting aggravation. Moreover, mothers in low-income families are one-third as likely as higher-income mothers to be in excellent or very good physical and mental health themselves, which affects their ability to care for their children. These circumstances may combine to put children in low-income families at a health, developmental, and educational disadvantage.

The National Survey of Children's Health



In addition to the health risks experienced by children in low-income families, these children are also less likely to participate in the activities at home and in the community that can enrich their lives. Children from low-income families are less likely than children from higher-income households to do volunteer work or community service, to work for pay, to read for pleasure on a typical weekday, or to participate in activities outside of school like sports teams, Scouts, and religious groups.

Having adequate and consistent health insurance can help to assure access to needed health care. Children without health insurance are less likely to receive preventive medical and dental care, receive all of the mental health services they need, and receive care that is culturally sensitive.

Another population of children who may be especially vulnerable is children with special health care needs (CSHCN), defined as those who have a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.1 Compared to other children, CSHCN are more likely to have conditions that are moderate or severe, more likely to have injuries that require medical care, and miss more days of school each year. However, CSHCN are also more likely to have health insurance and less likely to have a gap in coverage over the course of a year than are children without special health care needs.

This chartbook presents indicators of the health and well-being of children, the supportive and risk factors in the family environment, and aspects of the neighborhood that may support or threaten families and

children. These indicators present basic information on the health status and risk and protective factors experienced by children on the national level, and show the sub-populations who are at particular risk in each area by race and ethnicity, income, sex and other characteristics. Data reported for White, Black, multiracial and children of other races do not include Hispanics, who may be of any race. This is followed by analyses of key indicators on the State level for each of the 50 States and the District of Columbia.

The Technical Appendix at the end of this book presents information about the survey methodology and sample. For more in-depth information about the survey and its findings, other resources are available. For more detailed analyses of the survey's findings, the Data Resource Center on Child and Adolescent Health (DRC) Web site provides online access to the survey data. The interactive data query feature allows users to create their own tables and to compare survey results at the National and State levels and by relevant subgroups such as age, race, ethnicity, and income. The Child & Adolescent Health Measurement Initiative (CAHMI) is sponsored by the Maternal and Child Health Bureau within the Federal Health Resources and Services Administration.

The Web site for the DRC is: www.nschdata.org

More complex analyses can be conducted using the public use data set available from the National Center for Health Statistics at: www.cdc.gov/nchs/about/major/slaits/nsch.htm